

## NYS OPWDD Consolidated Supports and Services (CSS) Start-up Broker Agreement

**This agreement identifies for the broker, the participant and family services that should be provided by the startup broker and the expected outcomes of this agreement between the participant and the broker. It also serves as authorization for release of information in order for the MSC to share information with OPWDD, the Financial Management Services (FMS) agency and the broker in pursuit of the individualized plan.**

<b>1. Applicant's Name:</b>	
Street:	
City, State, Zip:	
Date of Birth:	Gender:
TABS ID #:	Medicaid ID #:
Telephone #:	E-Mail:

<b>2. Name/ Relationship of person filling out this form if different from above:</b>	
Street:	
City, State, Zip:	
Telephone #:	E-Mail:

<b>3. Medicaid Service Coordination Information:</b>	
Agency:	
Name of Service Coordinator:	
Address:	
Telephone #:	E-Mail:

<b>4. Which CSS funding category are you requesting? (Check one)</b>
<input type="checkbox"/> <b>RES</b> – Residential funding – for the services and supports that you receive in your home <input type="checkbox"/> <b>OTR</b> – Other-Than-Residential funding – for the services and supports that you receive outside of the home <input type="checkbox"/> <b>BOTH</b> – Both funding - for services and supports that you receive inside and outside the home

<b>5. Name of Proposed Start-Up Broker or Broker Agency:</b>	
Mailing Address:	
City, State, Zip:	
Telephone #:	E-Mail:

<b>6. Identify the services/products the Start-up Broker will provide - check all that apply:</b>
<input type="checkbox"/> <b>Assisting</b> the individual to develop a <b>Circle of Support</b> and facilitate <b>Circle of Support</b> meetings. <input type="checkbox"/> <b>Assisting</b> the individual to develop a comprehensive <b>Person-Centered Plan</b> . <input type="checkbox"/> <b>Assisting</b> the individual to develop a comprehensive CSS Plan/Budget that is consistent with his/her person-centered plan and Individualized Service Plan (ISP) and <b>working with</b> the individual and Circle of Support to ensure that all necessary safeguards are included and addressed in the CSS plan. <input type="checkbox"/> <b>Assisting</b> the individual, the Circle of Support and the MSC to complete the initial CSS Plan/Budget package that will be submitted to the DDSO for approval and ensuring that the DDSO receives all necessary supporting documentation, and providing additional information as requested by the DDSO. <input type="checkbox"/> <b>Working with</b> the individual, the COS and the MSC to help identify and develop initial connections in the community that will support aspects of the CSS Plan/Budget. <input type="checkbox"/> <b>Assisting</b> the individual and Circle of Support, if requested, with recruiting and hiring self-hired staff and attending the launch meeting (if occurring prior to approval and prior to "Budget Effective as of" date on approved CSS Plan/Budget price sheet.)

**7. Projected date for start-up services to begin:** \_\_\_\_\_

This agreement will remain in effect until one of the following three conditions have been met:

- 1) the agreement has been satisfied and the CSS Plan/Budget has been approved,
- 2) the agreement is terminated by one of the parties, or
- 3) the approved SUB funding amount has been exhausted.

**8. Requested SUB reimbursement - hourly fee:**

Total estimated hours: \_\_\_\_\_ Requested hourly fee: \_\_\_\_\_

Total anticipated cost (not to exceed \$2400): \$ \_\_\_\_\_

**9. Name of FMS:**

FMS Address:

FMS Telephone #::

FMS E-Mail:

**10. Authorization (Release of information)**

I authorize my service coordinator to discuss my application with OPWDD, my designated broker and FMS staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
of person requesting Start-up Broker services (applicant) or the person signing on his/her behalf

**11. Payment**

To bill for monthly hours, the Start-up Broker will complete a "Start-up Broker Monthly Progress Report /Invoice Form (CSS-SUB-07)" that includes a brief statement of activities completed on behalf of the person for whom he/she is working. The individual receiving the services or his/her designee must sign and date the invoice authorizing the monthly payment.

**12. Agreement for Services: By signing this agreement, it is acknowledged that the Start-up Broker indicated below will provide start-up broker services for the applicant.**

Start-up Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**13. DDSO Statement of Support**

The \_\_\_\_\_ DDSO is aware of this application for Start-Up Broker Services and we support this application.

**Effective Date of Agreement:** \_\_\_\_\_ (to be completed by DDSO CSS Liaison)

DDSO Liaison Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**Once the Start-Up Broker and applicant/designee have completed, signed and dated the Start-Up Broker Agreement, send the document to the DDSO CSS Liaison for review and approval. Brokers may not bill for services provided prior to the Effective Start Date on the Start-up Broker Price Sheet and the SUB approval letter from OPWDD to the participant.**

\* DDSO Liaison – once you have signed, please mail the completed and signed original Start-up Broker Agreement to the FMS, keep a copy for your file and forward copies to the applicant/designee, MSC and Start-up Broker. Complete the Start-up Broker price sheet and save it to the CSS Plan Approval SharePoint site for your DDSO.